



Animal and
Plant Health
Inspection
Service

Policy and Program
Development

Environmental and
Risk Analysis
Services, Unit 149

4700 River Road
Riverdale, MD
20737

January 13, 2016

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504P)
Ariel Rios Building
U.S. Environmental Protection Agency
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

ATTN: Mr. Norman Spurling (7502P)

SUBJECT: FIFRA, Section 6(a)(2) quarterly report: aggregate adverse effect
incidents dated October 2015 for the reporting period ending November
30, 2015

During this reporting period, the following APHIS-registered pesticide product was involved
in adverse incidents:

EPA Reg. No. 56228-15
Active Ingredient:
Sodium Cyanide

M-44 Cyanide Capsules
CAS No. 143-33-9

Incident Category

D-A

WB

No. of Incidents

2

Details of the incidents (involving the deaths of two domestic dogs) can be found in the
enclosures.

Please direct any questions pertaining to this adverse incident report to Jeffery W. Jones at
(301) 851-4001 or e-mail Jeffery.W.Jones@aphis.usda.gov.

Sincerely,

David A. Bergsten

David A. Bergsten
Acting Chief, Environmental and Risk Analysis Services

Enclosures (2)

cc:

J. Jones, USDA, APHIS, WS, OS, Riverdale, MD (sent electronically)

J. Edwards, USDA, WS, NWRC Archives, Fort Collins, CO

P. Darrow, USDA, APHIS, WS, Pocatello Supply Depot, Pocatello, ID (sent electronically)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

-001

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE D-A <i>W-A</i>	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 10/05/2015	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 10/05/2015	<input type="checkbox"/> Update		

EMPLOYEE NAME (To contact for additional information) Travis Flanagan	TELEPHONE NUMBER 304-614-9543	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
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DUTY STATION ADDRESS [REDACTED]	ADDRESS
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INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY Renick	STATE WV	COUNTY Greenbrier	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Telephone Call
			<input type="checkbox"/> Media	<input type="checkbox"/> Letter
			<input type="checkbox"/> Oral Report	<input type="checkbox"/> Other

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)) Agricultural (Sheep) Fenced Wooded Pasture	SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation)
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EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44	ACTIVE INGREDIENT Sodium Cyanide
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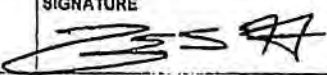

WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

During an equipment check WT Flanagan found a domestic dog dead. WT Flanagan immediately notified supervisor of incident, and notified landowner of incident. The landowner informed WT Flanagan that the dog belong to a family memeber that was notified of the equipment being set and did not want to restrain the dog. The landowner removed the dog from site and asked for contol activities to continue.

NAME OF PREPARER Travis Flanagan	SIGNATURE 	TELEPHONE NUMBER 304-614-9539	DATE 10/14/15
NAME OF SUPERVISOR Tom S. Elliott	SIGNATURE 	TELEPHONE NUMBER 304-636-1785	DATE 10/15/15

WS FORM 160-R (June 99)

(Local Reproduction Authorized)

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM		ES USE ONLY
		REPORT NUMBER
"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant		"X" ONE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Wild
SPECIES COMMON NAME Dog		NUMBER OR ACRES AFFECTED
BREED (if known) Pyrenees mix		

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Fatality

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

N/A

WAS PREBATING USED ON THE SITE (Describe)

☐ Yes ☐ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

Fenced wooded pasture

ADDITIONAL FACTORS

NAME OF PREPARER Travis Flanagan	SIGNATURE 	DATE 10/14/15
NAME OF SUPERVISOR Tom S. Elliott	SIGNATURE 	DATE 10/15/15

- 002

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE D-A	INCIDENT STATUS Date <input checked="" type="checkbox"/> New 10/26/2015 <input type="checkbox"/> Update		DATE WS BECAME AWARE OF THE INCIDENT 10/26/2015	ES USE ONLY REPORT NUMBER
EMPLOYEE NAME (To contact for additional information) Zachary Evans	TELEPHONE NUMBER 304-614-9539	CONTACT NAME (If Non-APHIS)		
DUTY STATION ADDRESS PO Box 13 Circleville, WV 26804		ADDRESS		
CITY Dunmoore	INCIDENT LOCATION STATE WV COUNTY Pocahontas	SOURCE OF INFORMATION <input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other		
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other)				

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))

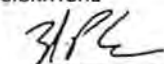

Agricultural (Sheep)
Fenced Wooded Pasture edge

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation)

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

During an equipment check, WT Evans found the landowners domestic dog dead. WT Evans immediately notified his supervisor and the landowner of the incident. WT Evans turned the dog over to the landowner. The landowner informed WT Evans that the dog had been running loose but did not think the dog would go back to the pasture were the equipment was set.

NAME OF PREPARER Zachary P. Evans	SIGNATURE 	TELEPHONE NUMBER 304-614-9539	DATE 10/27/15
NAME OF SUPERVISOR Tom S. Elliott	SIGNATURE 	TELEPHONE NUMBER 304-636-1785	DATE 10/27/15

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY
REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

SPECIES COMMON NAME

Dog

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Fatality

"X" ONE

☒ Domestic ☐ Wild

BRED (If known)

Pyrenees

NUMBER OR ACRES AFFECTED

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies)

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

N/A

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☐ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

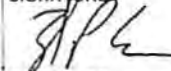
Fenced wooded pasture edge

ADDITIONAL FACTORS

NAME OF PREPARER

Zachary P. Evans

SIGNATURE



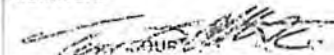
DATE

10/27/15

NAME OF SUPERVISOR

Tom S. Elliott

SIGNATURE



DATE

10/27/15